

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

10/534,103

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51					
2	/		/				52					
3							53					
4							54					
5							55					
6			2				56					
7			2				57					
8			2				58					
9			2				59					
10			1				60					
11			①				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15							65					
16							66					
17			2				67					
18			2				68					
19			2				69					
20			1				70					
21			1				71					
22			①				72					
23			1				73					
24			1				74					
25			1				75					
26			1				76					
27			①				77					
28			①				78					
29							79					
30							80					
31							81					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	6		6									
Total Depend	27		22									
Total Claims	33		28									

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